

**KENTUCKY  
DEPARTMENT OF WORKERS CLAIMS**

**MEDICAL REPORT OF**

**DR.** \_\_\_\_\_

**FILED:**

Do not write in this space

**A. PATIENT INFORMATION**

1. Patient Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
5. Patient height in centimeters: \_\_\_\_\_
6. Patient's job title and employer: \_\_\_\_\_
7. Date of Examination(s) : \_\_\_\_\_
8. Purpose of Examination:     ☐ Treatment  
  ☐ Evaluation requested by \_\_\_\_\_  
  ☐ University evaluation
9. Prior Evaluation (if any) and Date: \_\_\_\_\_

**B. PATIENT HISTORY**

Patient related history of complaints allegedly due to an occupational disease as follows:

**Note: If the occupational disease is lung or heart-related, include patient's smoking history.**

**C. EMPLOYMENT HISTORY**

Employment History (Form 104) dated \_\_\_\_\_ is attached. Review form with patient and list pertinent employment history.

**D. TREATMENT - Prior and Current**

Based upon a review of records and/or history related by patient, treatment (including any periods of hospitalization) provided for the above complaints has been as follows:

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**E. PHYSICAL EXAMINATION**

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Results of physical examination including objective medical findings related to the occupational disease. If the occupational disease is lung or heart-related include all findings pertinent to the respiratory and cardiovascular systems.

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**F. DIAGNOSTIC TESTING**

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Check the applicable block for any testing reviewed and relied upon for medical conclusions.

	Test	Date	Summary of Results			
A.	<input type="checkbox"/> X-Rays					
B.	<input type="checkbox"/> CT Scan					
C.	<input type="checkbox"/> MRI					
D.	<input type="checkbox"/> Pulmonary Function Testing		1	2	3	Best % of predicted
			FVC			
			FEV <sub>1</sub>			
E.	<input type="checkbox"/> Other (specify)					

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**G. DIAGNOSIS**

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**H. CAUSATION**

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1. Within reasonable medical probability, patient's disease or condition ☐ is ☐ is not related to his/her work environment. Explain the causal relationship.
2. Within reasonable medical probability, any pulmonary impairment ☐ is ☐ is not caused in part by factors in patient's work environment (e.g., coal dust, chemicals). Identify the factor(s).
3. Is any part of patient's condition due to the effects of the natural aging process? ☐ yes ☐ no. If yes, explain and quantify:

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**I. APPORTIONMENT**

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Patient ☐ did ☐ did not have an active impairment prior to acquiring this occupational disease?

- A.** For affirmative answer, specify condition producing active impairment.
- B.** For affirmative answer, specify percentage of impairment due to the prior active condition.

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**J. IMPAIRMENT**

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- 1.** Using the most recent AMA Physician Guides to Evaluation of Permanent Impairment, the patient's classification of impairment \_\_\_\_\_.%. If the impairment is due to loss of pulmonary function, give class and percentage.
- 2.** The above impairment was calculated as follows:

Chapter	Table	Page
<b>a.</b>		
<b>b.</b>		
<b>c.</b>		
<b>d.</b>		

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**K.**

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**RESTRICTIONS**

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1. The patient ☐ has ☐ has not described the physical requirements of his usual and customary work activities. For affirmative answer, briefly specify patient's self-described work activities.
  
2. Should restrictions be placed upon patient's work activities due to the disease or its residuals?  
☐ yes ☐ no
  
3. Does patient retain the physical capacity to return to the type of work performed at the time of injury?  
☐ yes ☐ no

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**L.**

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**CERTIFICATION and QUALIFICATIONS of PHYSICIAN**

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I hereby certify that the above information is correct and that all opinions were formulated within the realm of reasonable medical probability. A copy of my curriculum vitae is attached if I have not obtained a Department of Workers Claims Physician Index Number.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Full name of Physician**

**Department of Workers Claims Physician Index No.** \_\_\_\_\_

## **Instructions for Completion of Forms 107-I, 107-P, 108-OD, 108-CWP and 108-HL**

The medical report forms of the Department of Worker's Claims are designed to provide relevant medical information to arbitrators and administrative law judges to assist in determining the occupational implications of a work-related injury or an occupational disease. Therefore, it is important that each section of the forms be carefully and fully completed.

1. All information must be typed or neatly printed.
2. The Department of Workers Claims maintains a Physician Index with curricula vitae of physicians. Physicians may be included in this index by tendering a copy of current curriculum vitae with a request for inclusion to: Physicians Index Clerk, Department of Workers Claims, 1270 Louisville Road, Perimeter Park, Building C, Frankfort, Kentucky, 40601.
3. Use of the most recent edition of the AMA Guides to the Evaluation of Permanent Impairment is mandated by statute. Reference should be made to page numbers and tables only from the most recent edition for all physical injuries. For psychiatric conditions, the class of impairment should be stated, with reference to impairment ratings provided in prior editions.
4. Height of a patient should be measured in centimeters and without shoes. If the patient's height is an odd number of centimeters, the next highest even height in centimeters shall be used.
5. Objective medical findings to support a medical diagnosis means information gained through direct observation and testing of the patient, applying objective or standardized methods. KRS 342.0011(33)
6. Medical opinions must be founded on reasonable medical probability, not on mere possibility or speculation. Young v. Davidson, Ky., 463 SW2d 924(1971).
7. Preexisting dormant nondisabling condition is defined as a condition which is capable of arousal into disabling reality by work activities or injury. The condition must be a departure from the normal state of health. KRS 342.020, Newberg v. Armour Food Co., Ky., 834 SW2d 172 (1992).
8. **Any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.**